



JACOX, MECKSTROTH & JENKINS

ATTORNEYS AT LAW
PATENT, TRADEMARK & COPYRIGHT MATTERS
2310 FAR HILLS BUILDING
DAYTON, OHIO 45419-1575
E-MAIL: LAW@JM.J.BIZ

TELEPHONE
937/296-2811

FACSIMILE
937/296-7418

November 28, 2006

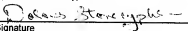
Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Re: Serial No. : 10/675,361
Filed : September 30, 2003
Title : SPINAL FUSION SYSTEM
AND METHOD FOR FUSING
SPINAL BONES
Inventor : David Louis Kirschman
Docket : KRS 001 P2

Certificate of Submission
I hereby certify that this correspondence is being
submitted to the United States Patent and
Trademark Office via EFS on

November 28, 2006

By Dolores Stonecypher


Signature

Sir:



Payment of Issue Fee by credit card.



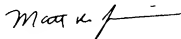
Form PTOL 85 Issue Fee Transmittal is attached.



The Commissioner is hereby authorized to charge any deficiency in the payment of the required fees or to credit any overpayment to **Deposit Account No. 50-1287**. (Should Deposit Account No. 50-01287 be deficient, please charge any further deficiencies to Deposit Account No. 10-0220).

Respectfully submitted,

JACOX, MECKSTROTH & JENKINS



By

Matthew R. Jenkins
Reg. No. 34,844

Control KRS 001 P2

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** **Mail Stop ISSUE FEE**
Commissioner for Patents
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 or **Fax** **(571)-273-2885**

INSTRUCTIONS: This form should be used for transmitting the **ISSUE FEE** and **PUBLICATION FEE** (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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34232 7590 10/02/2006

MATTHEW R. JENKINS, ESQ.
2310 FAR HILLS BUILDING
DAYTON, OH 45419

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Certificate of Mailing or Transmittal
 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail, in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Debra Stoneypher (Depositor's name)
Debra Stoneypher (Signature)
Nov. 28, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/675,361	09/30/2003	David Louis Kirschman	KRS 001 P2	5973

TITLE OF INVENTION: SPINAL FUSION SYSTEM AND METHOD FOR FUSING SPINAL BONES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	01/02/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
PHILOGENE, PEDRO	3733	623-017110

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **Jacox,**
 2 **Meckstroth &**
 3 **Jenkins**

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

X-spine Systems, Inc.

Centerville, Ohio

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee **\$700.00**
☒ Publication Fee (No small entity discount permitted) **300.00**
☒ Advance Order - # of Copies **10** **30.00**

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed.
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☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date **November 28, 2006**

Typed or printed name **Matthew R. Jenkins**

Registration No. **34,844**

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